



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary

Prevention and Health Promotion Administration

Michelle Spencer, MS, Director

Donna Gugel, MHS, Deputy Director

Ilise D. Marrazzo, RN, BSN, MPH, Acting Director, Maternal and Child Health Bureau

Deborah B. McGruder, MPH, PMP, Director, Infectious Disease Bureau

Clifford S. Mitchell, MS, MD, MPH, Director, Environmental Health Bureau

Donald Shell, MD, MA, Director, Cancer and Chronic Disease Bureau

Statement Certifying No Income

Maryland Cancer Fund – Cancer Treatment Grant

I, _____, state that:

I am not employed at this time and receive no unemployment compensation, support, or income of any kind. I live with my _____ (parents, friend, relative, etc.) and receive only room and board. I receive

Check all that apply:

Yes ☐

No ☐

Food Stamps

Yes ☐

No ☐

Cash Assistance/Temporary Cash Assistance/TEMA

Yes ☐

No ☐

Housing Allowance (voucher)

(Patient Signature)

(Date)

Notary Acknowledgement

STATE OF MARYLAND

)

) SS

)

On _____, before me, the undersigned, a Notary Public in and for said County/City and State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same.

Subscribed and sworn to before me this _____ day of _____, 20____.

Witness my hand and official Seal

Notary Public in and for said County/City and State

Notary Public: _____

Date: _____

My commission expires on _____

201 W. Preston Street, Baltimore, Maryland 21201

410-767-6742 Fax 410-333-5995

Toll Free 1-877-4MD-DHMH TTY for Disabled

Maryland Relay Service 1-800-735-2258

500 N. Calvert Street, 5th Fl, Baltimore, Maryland 21202

410-767-5227 • Fax 410-333-6333 • TDD for Disabled 410-333-4800

Toll Free 1-800-358-9001 • TTY for Disabled

Maryland Relay Service 1-800-735-2258

Web Site: <http://phpa.dhmv.maryland.gov>

Form DHMH 4685 (Revised 03/31/2013)